
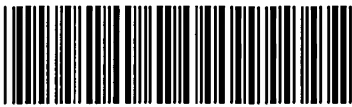


| | | |
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| Index of Claims  | Application/Control No. 10602981 | Applicant(s)/Patent Under Reexamination ROBACK ET AL. |
| | Examiner Handy, Dwayne K | Art Unit 1797 |

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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | <input type="checkbox"/> CPA | | | <input type="checkbox"/> T.D. | | | <input type="checkbox"/> R.1.47 | | |
|--|----------|------------|------------------------------|--|--|-------------------------------|--|--|---------------------------------|--|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 01/22/2008 | | | | | | | | | |
| | 1 | ✓ | | | | | | | | | |
| | 2 | - | | | | | | | | | |
| | 3 | ✓ | | | | | | | | | |
| | 4 | - | | | | | | | | | |
| | 5 | ✓ | | | | | | | | | |
| | 6 | - | | | | | | | | | |
| | 7 | - | | | | | | | | | |
| | 8 | ✓ | | | | | | | | | |
| | 9 | - | | | | | | | | | |
| | 10 | ✓ | | | | | | | | | |
| | 11 | ✓ | | | | | | | | | |
| | 12 | ✓ | | | | | | | | | |
| | 13 | ✓ | | | | | | | | | |
| | 14 | - | | | | | | | | | |
| | 15 | = | | | | | | | | | |
| | 16 | - | | | | | | | | | |
| | 17 | - | | | | | | | | | |
| | 18 | = | | | | | | | | | |
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| | 20 | = | | | | | | | | | |
| | 21 | = | | | | | | | | | |
| | 22 | = | | | | | | | | | |
| | 23 | ✓ | | | | | | | | | |
| | 24 | ✓ | | | | | | | | | |
| | 25 | ✓ | | | | | | | | | |
| | 26 | ✓ | | | | | | | | | |
| | 27 | ✓ | | | | | | | | | |
| | 28 | ✓ | | | | | | | | | |
| | 29 | ✓ | | | | | | | | | |
| | 30 | - | | | | | | | | | |
| | 31 | ✓ | | | | | | | | | |
| | 32 | - | | | | | | | | | |
| | 33 | ✓ | | | | | | | | | |
| | 34 | - | | | | | | | | | |
| | 35 | ✓ | | | | | | | | | |
| | 36 | ✓ | | | | | | | | | |

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| <i>Index of Claims</i>  | Application/Control No. 10602981 | Applicant(s)/Patent Under Reexamination ROBACK ET AL. |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | |
|---|----------|------------|--|--|--|--|--|--|--|--|
| CLAIM | | DATE | | | | | | | | |
| Final | Original | 01/22/2008 | | | | | | | | |
| | 37 | ✓ | | | | | | | | |
| | 38 | ✓ | | | | | | | | |
| | 39 | = | | | | | | | | |
| | 40 | = | | | | | | | | |
| | 41 | = | | | | | | | | |
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| | 44 | = | | | | | | | | |
| | 45 | = | | | | | | | | |
| | 46 | - | | | | | | | | |
| | 47 | ✓ | | | | | | | | |
| | 48 | ✓ | | | | | | | | |